

FILED APR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11468**BIRTH NO. _____ REG. DIST. NO. **109** PRIMARY REG. DIST. NO. **4180** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY Dunklin 0350		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin 0350	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell /		c. LENGTH OF STAY (in this place) 8 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-134 W. Allen Rd.		f. STREET ADDRESS (If rural, give location) 134 W. Allen Road	
3. NAME OF DECEASED (Type or Print) a. (First) LADDIE b. (Middle) R. c. (Last) BOONE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 17, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1884
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Month 7 Days 6	IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) -- Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Silas Boone	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Myrtle Boone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. L. R. Boone, Campbell, Missouri		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of Right Lung INTERVAL BETWEEN ONSET AND DEATH 1 yr +	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arteriosclerotic Cardio-Vascular disease.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163K	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/6/55 , 1955, to 4/17/55 , 1955, that I last saw the deceased alive on 4/11 , 1955, and that death occurred at 10:10 P.M. on the causes and on the date stated above.			
23a. SIGNATURE Wallace Selsby M.D.		23b. ADDRESS Campbell Mo	
23c. DATE SIGNED 4/19/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1955 April 22	
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Campbell, Missouri	
DATE REC'D BY LOCAL REG. 4-22-1955		REGISTRAR'S SIGNATURE Mrs. Beulah Campbell	
25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-26-55

COUNTY FILE NUMBER 455-117

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Christina M. Landers*.....

Licensed Embalmer No. 422

P. O. Address *Campbell*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.